

Case Number:	CM13-0002988		
Date Assigned:	03/07/2014	Date of Injury:	09/23/2012
Decision Date:	05/02/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of September 23, 2012. Thus far, she has been treated with the following: Analgesic medications; topical agents; MRI imaging of the right shoulder of August 29, 2013, notable for a partial low-grade supraspinatus tendon tear; attorney representation; and imposition of a rather proscriptive 10-pound lifting limitation. A clinical progress note of October 1, 2013 is notable for comments that the applicant reports persistent shoulder pain. The applicant is on Humira, it is further noted, and has a history of Crohn's disease. 4 to 5/5 shoulder strength was noted despite full shoulder range of motion in all planes. Nine sessions of physical therapy were sought for strengthening. A rather proscriptive 10-pound lifting limitation was renewed. In a February 19, 2014 medical-legal evaluation, the medical-legal evaluator notes that the applicant was taken off of work until January 20, 2014. The applicant apparently told her primary treating provider (PTP) on November 26, 2013, that she was ready to be released back to regular duty after having made excellent progress with prior therapy. The applicant was given 0% whole person impairment rating and return to her usual and customary occupation as a service specialist or meat clerk. In a clinical progress note of January 15, 2014, the applicant was asked to return back to regular duty work on January 20, 2014 on trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY FOR WORK HARDENING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening, Work Conditioning Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for admission to a work hardening or work conditioning course includes evidence of work-related musculoskeletal condition with functional limitations, which preclude the ability to safely achieve current job demands in individuals who have completed an adequate trial of conventional physical therapy, but are not likely to benefit from further physical or occupational therapy. In this case, however, the applicant did in fact benefit from conventional physical therapy. The applicant did ultimately return to work with conventional physical therapy. It is further noted that there was no evidence of valid work-related musculoskeletal deficit. There was no evidence that a precursor FCE had been performed. For all of the stated reasons, then the request is not certified and, in particular owing to the fact that the applicant ultimately achieved and effected successful return to regular duty work through conventional outpatient physical therapy. The utilization review decision is upheld, for all of the stated reasons.